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MISSOURI State Board of Nursing Newsletter

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Message from the President

Anne Heyen, DNP, RN, CNE

There have been several inquiries to the Board office regarding moving to other compact and non-compact states. Included in this newsletter (see page 3) is the NCSBN's Nurse Licensure Compact (NLC) fact sheet with more information. To clarify, a nurse has only one primary state of residence, defined by legal residency status. The NLC allows nurses to practice in other compact states without changing their primary state of residence; travel nursing for example. However if your primary state of residence changes, you still need to update and inform the board of nursing of the state where you are moving. Here is an example of how the compact works. My primary state of licensure is MO. Because MO is in the NLC, I have the privilege to practice in the other 31 states that are also part of the NLC. If I move to another state in the NLC, I must inform that state and apply for licensure by endorsement.

Non-compact states have a model where a nurse is required to have a different license in each state where he or she will practice. Continuing with the above example, if my primary state of residence is in a non-compact state and my job requires me to have a license in every state where clients are located (such as telehealth); I would have to apply for licensure in each of those states individually. I could end up with multiple licenses - each with different renewal cycles, different fees, and different expiration dates. The most important thing to note is that when your primary state of residence changes, you must inform your state board of nursing.

There was a new requirement to sign up for Nursys e-Notify® when you renew your license this year. Nursys e-Notify® sends automated messages to remind you of licensure expiration, licensure status updates, and endorsement license verifications. This means once a nurse enrolls in Nursys e-Notify®, the nurse will receive messages any time a board of nursing updates his or her nursing license. If you receive notification on something that you do not recognize, please contact the board of nursing for further information. Thank you to everyone who has already renewed his or her license and signed up for e-notify. When LPN's renew next year, this same requirement will be in place. As always, feel free to reach out to the Board of Nursing with any questions or concerns.

Executive Director Report

Lori Scheidt, Executive Director

Don't Be Quick to Click – Read

The Missouri State Board of Nursing recently finished the RN renewal cycle where over 114,000 license renewals were processed in a three-month time period. If I had one word of advice for nurses, it would be "*Don't be quick to click. Read!*"

This was the first year we required nurses to enroll in Nursys e-Notify® as a condition of license renewal. Many technical issues related to renewal were attributed to clicking without fully reading. The Nursys portal contains three options; e-Notify, QuickConfirm License Verification and Nurse License Verification for Endorsement.

Nursys e-Notify® is the service you need to enroll in to receive alerts on your license. You must enroll in this service to renew your license.

Nursys® QuickConfirm License Verification® is the service you use to verify a license one-time and use when you do not need updates on the license. Often this is used when someone wants to check a license, but that nurse is not yet an employee.

Nursys® Nurse License Verification for Endorsement is the service you use when you are applying for a license in a new state and need your license verified to that other state board of nursing.

All these services are explained on the Nursys web site but you have to *read before you click*.

No Grace Period to Renew

There is no grace period to renew. The board's rules require a nurse to renew three business days prior to the expiration date. Failure to do so may result in the license becoming lapsed, which requires the nurse to complete a reinstatement application, submit additional fees and submit to fingerprint background checks. The form and instruction letter to renew an expired RN license can be found under our Licensure tab on the board's web site.

Nurse Required to Renew – Don't Let Anyone Else Complete the Renewal

You should not allow anyone else to complete your license renewal. The license renewal application asks you to answer questions for which only you may know the correct answer. False statements are subject to criminal penalties and/or license discipline. The online renewal application includes a section where the individual attests that all statements or representations submitted are made under oath or affirmation and are true and correct under penalty of section 676.060, RSMo, which specifies that "anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor."

Don't Give Your Employer your PIN

To renew your license, you need a PIN number. This PIN is provided to you by our office. You should safeguard this PIN. You should not give this PIN to your employer.

Your employer should create a Nursys e-Notify® institution account and enroll you in their institution account. Your employer will receive email notifications when the following changes are made to an enrolled license.

- Active status
- Expiration date
- Compact status
- Publicly available disciplinary and alert actions

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Lori and Missouri State Board of Nursing,

This week as I renewed my Missouri RN license for the 24th time, I couldn't help but recall all of the ways my nursing education and license has served me since I was first licensed in 1969.

For fifty years I have been a nurse. It's the best profession ever. I was licensed in three states, and sure, I got a B.S. degree, then I became certified in physical rehab (CRRN) and then became a nursing home administrator (LNHA), but the basis of my rewarding career was my nursing education. Out of nursing school I worked in the hospital in labor and delivery, newborn nursery, post-partum and acute rehab. Then my family moved overseas as missionaries. In Central and South America I taught classes in 1st aid, maternal child care, and sanitation and parasite prevention. I assisted in dental clinics, immunization clinics, nutrition stations and a walk-in clinic. I served as a substitute school nurse at an international school. I have reassured missionary moms with sick children, and maybe most important, I was able to take good care of my own family when our health services were limited. Back in the USA, I was clinical instructor in an associate degree nursing program, director of nursing, medical review specialist, nurse administrator of the medical department of a large missionary sending agency, returning overseas with volunteer medical teams, I taught health and wellness classes at missionary conferences, and even traveled to Africa to teach some continued education courses for nurses there.

Nursing is an awesome profession with unlimited opportunities. Nursing has been very good to me.

This is my salute to nursing. I always wanted to be a nurse, never changed my mind. In college, one of my professors suggested I study medicine and become a doctor. I told the professor I wanted to do what nurses do, not what doctors do. Truth.

Thank you, Missouri State Board of Nursing, for keeping track of us and keeping us licensed.

It has been my honor to be a nurse. I just retired, but I'm still a nurse.

Sincerely,

James Ford

Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of April 1, 2019

Profession	Number
Licensed Practical Nurse	23,358
Registered Professional Nurse	111,174
Total	**134,532**

SCHEDULE OF BOARD MEETING DATES THROUGH 2019

May 22-24, 2019

August 7-9, 2019

November 6-8, 2019

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

Executive Director Report

Executive Director Report continued from page 1

- License status.

Protecting Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to www.nursys.com/e-notify and select "*As a Nurse*" to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather important workforce data and uses the data to enhance Missouri's ability to plan for nurse supply and demand and, ultimately, improve healthcare for all. As a reminder, you and your employer can verify your license at any time at www.nursys.com by clicking on Search Quick Confirm and following the instructions.
- Missouri does not issue a license card. Missouri has joined many other states in eliminating the issuance of license cards due to the fact that they can be forged, altered, misappropriated, can contribute to identity theft, and do not reflect recent disciplinary action. Fraud does not just occur by obtaining financial information or a social security number; it can happen with your nursing license record as well. You should search for your record using Licensure QuickConfirm at www.nursys.com. After you access your record, you can print a report that will show your license number, original issue date, expiration date, whether you have a multistate or single state license and discipline status. Please direct current or future employers to www.nursys.com to verify your license.
- RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, opt to receive automated electronic reminders when you have a license that will be expiring within 30 days.
- Keep the board informed of your current name and address. A notification form can be found at www.pr.mo.gov/nursing. There are several reasons for this.
  - o Licenses are suspended by operation of law for not filing or not paying state income taxes. If we do not have your current address, your license could be suspended without your receiving notification.
  - o Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.
  - o Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver's license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain another license in that state. You can find an overview of the compact as well as a list of member states at www.ncsbn.org/compacts. The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.
- Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsbn.org

Legislative Session

The 2019 legislative session started January 9, 2019 and will go through May 17, 2019.

Several bills were filed regarding advanced practice registered nurses. Currently, a Missouri Advanced Practice Registered Nurse (APRN) is required to be in a written collaborative practice agreement with a physician. It is through this collaborative practice agreement that the physician delegates authority to administer or dispense drugs and provide treatment. Last legislative session the law section 334.104, RSMo, was changed to allow a collaborating physician to enter into a collaborative practice agreement with up to six full-time equivalent advanced practice registered nurses, licensed physician assistants, assistant physicians, or any combination of those professions. It also specifies that the APRN and physician must maintain geographic proximity. The board of nursing and board of registration for the healing arts have joint rulemaking authority. Those joint collaborative practice rules were revised to indicate that the collaborating physician and collaborating APRN shall practice within 75 miles by road of one another, except if the APRN is providing services pursuant to section 335.175, RSMo. Section 335.175, RSMo is the utilization of telehealth by nurses law and specifies that an APRN providing nursing services under a collaborative practice arrangement under section 334.104, RSMo may provide such services outside the geographic proximity requirements of section 334.104, RSMo if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

You can find information about the status of bills and how to contact legislators at http://moga.mo.gov.

NLC — Interstate Commission of Nurse Licensure Compact Administrators — Est. 2000

MOVING TO ANOTHER STATE

MOVING FROM...

Noncompact → Compact:

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.

Compact → Noncompact:

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) of the former NLC state of the new address.

Compact → Compact:

When moving (changing primary state of legal residence) to a new NLC state, it is the nurse's responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse's new state of legal residency. The nurse may practice on the former home state license only UNTIL the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated.

Another Country (International Nurses)

If a nurse on a visa from another country applies for licensure in a compact state, the nurse is responsible for either declaring the country of origin or the compact state as their primary state of residency. If the foreign country is declared the primary state of residency, the nurse may be eligible for a single state license issued by the compact state.

Definition:

Primary State of Residence (PSOR):

The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.

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facebook.com/NurseLicensureCompact @NurseCompact

For more information about the NLC, visit **www.ncsbn.org/nlc** or email nursecompact@ncsbn.org.

Education Report

Professional Nurse Apprenticeship – A Collaborative Workforce Solution for Nursing

Authored by Bibi Schultz, RN MSN CNE – Director of Education

Missouri State Board of Nursing Education Committee Members:
Anne Heyen, DNP, RN, CNE (Chair)
Mariea Snell, DNP, MSN, BSN, RN, FNP-BC
Bonny Kehm, PhD, RN

Nursing shortage and retention

The Bureau of Labor Statistics projects a nation-wide increase of 15% (438,100) in employment for registered nurses (RN) by 2026. The 2018 National Health Care Retention and RN Staffing Report published by NSI Nursing Solutions, Inc. indicates a current U.S. RN vacancy rate of 8.2%. While this is an average, 25.3% of over 3,000 hospitals surveyed report vacancy rates above 10%. An increase in RN turnover rates in U.S. hospitals of 16.8% in 2017 is reported. Nationally 19.4% of new RNs leave their first jobs in nursing within one year of employment. Expectation and necessity for novice nurses to successfully navigate the complexity of today's health care arena right out of school significantly contributes to retention rates. The report indicates average cost of turnover for one bedside RN at $49,500; RN turnover cost for the average U.S. hospital is projected at $4.4 to $7.7 million dollars. Just a one percent change in turnover rates is projected to save an estimated $337,500.

The Missouri Hospital Association (MHA) – 2018 Workforce Report shows a current vacancy rate of 13.3% (4,985) for registered nurse positions in Missouri. Job turnover rate for RNs in those facilities is reported at 16%. Missouri hospitals face growing challenges to find qualified applicants to fill nursing positions. Aging of the Missouri RN workforce heavily weighs in on this equation. The Missouri State Board of Nursing RN Age Range Report (2018) indicates that 44% of all RNs licensed in Missouri are over the age of 50; of those 23% are older than 60 years. Not only will this intensify RN vacancies in coming years, the impact on expertise and leadership is concerning. Willett (2017) projects that in England aging out of the nurse workforce will pose a growing management gap. In his view, unless something is done quickly knowledge and experience to keep pace with growing demands of health care will soon be lacking. The need for deliberate action is undeniable.

Southwest Missouri is especially impacted by nursing shortages; market analyses show close to 500 annual openings for registered nurses in the Ozark Region alone. While the nursing shortage is on the forefront of workforce development, measures to support expansion of nursing schools are only one step in addressing shortages. Transformation of the educational model in nursing is necessary to recruit, retain and optimally prepare students and graduates for gratifying careers in nursing while providing quality care to patients. Innovation in clinical education is a must. A modern professional nurse apprenticeship model may be well positioned to help address these issues, provide access to real-time clinical education, ease transition to professional practice, and improve nurse retention rates. Robust clinical education in facilities where students work and earn wages while in school and continue their employment once they complete their nursing program offers a viable transformational model for change. Nurse apprenticeships, if utilized strategically, promise a win-win situation for Missouri patients, health care employers, students and nursing schools.

National skills crisis and student loan debt

In 2018 the President's Council for the American Worker (Title 3) called for national strategies to ensure that the American people have "access to affordable, relevant and innovative education and job training that will equip them to compete and win in the global economy." Statistics clearly indicate a national skill crisis. Documentation indicates that in this country there are currently 6.7 million unfilled jobs. The reality that our system has and continues to prepare workers for an economy that no longer exists is terrifying. The need for development of a more robust workforce is very real. Mims (2018) reiterates the dilemma of the huge student loan debt of our generation. Americans currently owe $1.4 trillion in student loan debt. It is difficult to grasp that a nation that so highly invests in education lacks enough skilled workers to meet demands. One in four Americans has a low-wage job while there are hundreds of thousands of open positions. Employers simply cannot find people that have the skills to fill those positions. Exponential widening of this skills gap is expected. Nursing is in no way immune to this trend. The current health care climate demands that new graduates enter the workplace fully prepared to perform at the level of experienced, much more seasoned peers. While necessity to transform clinical learning in our nursing schools is broadly discussed and essentiality of clinical reasoning skills is undeniable to patient safety and quality of care, growing student practice constraints often impact how much students can engage in high acuity patient care situations. Growing shortages of qualified faculty and experienced preceptors adds to this preparatory mismatch.

General information about apprenticeships

The concept of apprenticeship as a way to facilitate experiential learning is certainly not a new concept in workforce development. Apprenticeships have been utilized for hundreds of years in many countries to pair master craftsmen with workers that are young to a particular trade or field of study to create robust learning environments (Carlson, 2017). Carlson (2017) denotes the "poplar imagination in this country" that apprenticeships solely represent manual labor and trade professions, are tied to marginal income potential and do not yield the university experience that many students and their parents are seeking. Weber (2014) implies that employers may be reluctant to engage in apprenticeships due to perceived ties to labor unions that are seen to want to organize workers and manage the apprenticeships. Weber empathizes that development of independent apprenticeships can be accomplished. Field (2015) reiterates the often negative connotation of apprenticeships in the U. S. Apprenticeships are historically seen as a lesser alternative to college education and as a way for less prepared students to find their way into the workforce. Nothing could be further from reality! Carlson (2017) describes apprenticeships as augmentation to a college education, rather than an alternative. The author reiterates that "random college direction" has caused many Americans to be debt-laden without much hope for well-paying, fulfilling careers. A look at Europe reveals that there 70% of apprenticeships start at age 15. Granted that is a very young age to get into nursing education, but the point is that awareness about healthcare and recruitment into the nursing profession should start well before high school. In Switzerland, a hotspot for apprenticeships, 97% of students graduate from high school while training for a job and/or are working toward a college education. Swiss statistics are staggering: 50% of Swiss companies have apprenticeships and what is even more amazing is that 50% of Swiss business leaders were once apprentices in their field (Carlson, 2017).

Federal grant dollars for apprenticeships

In 2018 the U.S. Department of Labor (Department) made available $150 million in H-1B funds to help develop and expand apprenticeship programs on a national level. The Department reports that since 2017 U.S. employers have hired more than 460,000 apprentices. Registration of apprenticeships by employers with the Department is required to gain eligibility for wage reimbursement dollars. Requirements to become eligible for this funding are outlined on the Department's website at https://www.dol.gov/featured/apprenticeship/grants. Employers and apprentices can be eligible to access funding to support Registered Apprenticeships. Many of Missouri's Local Workforce Development Boards are supporting apprenticeships through programs that also offset the cost of training of eligible apprentices. Employers may contact apprenticeship@ded.mo.gov to connect to resources to develop and support apprenticeships.

Building a talent pipeline

Mims (2018) advocates community colleges as a formidable source for great talent. The author embraces the fact that major technology giants, such as Amazon, Google and IBM are forming highly effective partnership with two-year schools to build "talent pipelines." Such partnerships are utilized to prepare workers for very specialized work in jobs that provide unique opportunities for candidates that otherwise may have never connected to these employers. As students earn degrees their new employers work closely with their schools to provide this specialized training, often pay them full-time wages while they learn and help them to become fully socialized to their professional role and place of employment. Mims (2018) reiterates that all of this has already taken place by the time the apprentice graduates. It is difficult to find a good reason why this could not work for nursing! Retention of students in nursing school is a growing issue that directly impacts the nursing workforce. More and more students are challenged by economic needs that often necessitate their working long hours after school at jobs that often do not correlate with their career goals, but are necessary to keep food on the table. Employment outside of school clearly impacts study time and preparation for theory and clinical education, makes students tired before they ever get to school or clinical, and impacts attendance. The ratio of nursing students that drop out of school in order to maintain their employment is high. While the concept of "earn while you learn" may have a negative connotation to some and is often associated with preparation for jobs other than nursing, this may just be what would keep many nursing students in school.

Traditional clinical educations, new graduate preparation in nursing and transition to nursing practice

Education Report

Caputi (2019) references nursing literature that clearly points to a significant decrease in new registered nurse (RN) graduate readiness to meet today's challenges. A study by Del Bueno (2005) showed that at that time an estimated 35% of new graduate nurses were deemed adequately prepared to apply entry-level critical thinking. Kavanagh and Szweda (2017) revisited this study and found that in 2017 this number had significantly dropped to 23%. In 2012 Muntean quoted studies that showed that an estimated 65% of adverse events may have been prevented with more sophisticated clinical decision making at the bedside. Should it be surprising that retention rates suffer as many new nurses become too scared and stressed to stay in their nursing jobs? Our rapidly changing economy demands more, patients in our hospitals and long-term care facilities deserve more and our students and graduates need more to become successful and to stay in nursing! Transformation of the clinical model to nurse apprenticeships may just be the necessary link to fill this gap. Smith (2011) reported the need for transformative learning strategies to enhance patient safety in England as early as 2011. Realization that literacy and mathematical skills are not universally high and may pose barriers to patient safety is reflected. The apprenticeship model was then utilized to build and enhance a culture of safety and trust that enabled students to learn more effectively. Point of care feedback from experienced nurses working with the nurse apprentices, dedicated training days as well as regular evaluation and reflection was used to assess progress and to remediate. Real-time realization of how every action impacts patient care and safety is a mainstay of the apprenticeship in nursing. A learning environment that is challenging as well as supportive is recommended.

Hungerford et al. (2019) explored practice experience hours for nursing students and their relevance to consistent achievement of learning objectives and program outcomes. It is no surprise that quantity of clock hours spent in clinical settings is much less important than quality of learning that occurs at the bedside in actual patient care settings and situations. Major inconsistencies in opportunities for clinical learning make clinical experiences delivered in the traditional student-faculty model even less reliable than once estimated. Evidence that would justify regulatory agencies to set certain numbers of clinical hours and to prescribe what clinical education must look like beyond the expectation to consistently meet essential learning outcomes is simply lacking. Hungerford et al. (2019) reiterate staggering financial impact for students traveling far away from their homes to participate in clinical experiences that often do not yield anticipated opportunities and outcomes.

Transformation of the clinical learning model

Modern approaches to clinical learning must provide students with experiences that teach and refine their clinical reasoning, immerse them in expert-led best practice experiences with actual patients, allow them extended time to work side-by-side with seasoned clinical experts and engage them in activities that deliberately safeguard and enhance patient safety and satisfaction. Mayer & Start (2018) discuss the need for expansion of clinical placements for students. Authors recap importance of clinical projects and practicum experiences for pre-licensure as well as graduate level students. Essentiality for schools to work with clinical partners to evaluate level of preparedness achieved by students and graduates and to find ways to accommodate needed clinical education is stressed. Communication of specific learning objectives for each student/group through clinical rotation information sheets that are completed by faculty and posted for staff to utilize is recommended. The need for staff development on how to precept and work with student nurses is clear. Appropriate training for nurses and students, placing students in one-on-one care situations with nurses, using off shifts and weekends to expand placements has shown to bring about powerful clinical learning and keep highly experienced clinical experts at the bedside. Utilization of clinical sites as a nurse teaching grounds on a 24/7 basis promises ground breaking transformation in nursing education.

Graduate readiness to navigate Next Generation NCLEX®

Caputi (2019) expects that the Next Generation NCLEX® (NGN) licensure exams will focus on testing clinical judgment rather than content in a way that is quite different from what has been known. Caputi suggests that questions will be designed to create clinical scenarios that closely mimic acute care situations, provide higher fidelity, feel very real and require analysis and application of clinical reasoning as seen in actual patient care. Creation of clinical learning for students that is robust and provides sufficient clinical exposure is more essential than ever! The need for real-time clinical education is reiterated. Caputi (2019) challenges that teaching the five steps of the nursing process or similar clinical judgment models may not be enough. Repetitive teaching of "thinking skills" is described as an essential part of theory and clinical learning experiences. Necessity of a multi-layered approach to learn clinical judgment that takes the student from general to specific, teaches discernment of relevant information as well as focuses on early recognition of change and ability to rescue is clear. The author projects that students that are challenged to work through predetermined thinking competencies at each level and in all settings of their nursing education will become "self-regulated thinkers." Caputi (2019) reiterates the reality that traditional ways to educate students will no longer work.

Nurse apprenticeships and the continued need for modified nurse residency programs

Goode et al. (2018) recommend that all new nurses should complete a nurse residency program as part of their employment; the call for action per mandate or incentives at federal and state levels is extended. Writers identify delegation, prioritization, management of care delivery, collaboration with other disciplines, and conflict resolution as some of major areas to address. This call for action is based on preparation of new graduates, their ability to function as experienced nurses right out of the gate of nursing school and retention issues that continue to magnify nursing shortages. The writers state that residency programs should be nationally accredited in order to provide the level of preparation necessary to sufficiently address the complexity of the current acute care environment. Increase in patient acuity, shorter lengths of stay, significant documentation requirements, the need to coordinate care with other disciplines compounded by use of highly technical equipment in delivery of care are major culprits to warrant this additional training. Writers compare preparation to provide nursing care with the medical model through which physicians become licensed after their post-graduate residency and have access to funded Graduate Medical Education (GME). Writers recommend focused nurse residency models that concentrate on one area of clinical specialization and provide a highly structured transition to practice with the aim to improve quality and safety, increase job satisfaction, reduce stress, decrease turnover and lead to improved patient outcomes. Quality residency programs are to be built on formal training for preceptors, skill development and practice support for new nurses for at least six to nine months and creation of a positive learning environment through active collaboration with other disciplines. Sounds much like the making of effective nurse apprenticeships that would provide skills and bedside experiences, address skills competency and socialization to professional nursing, and enhance ability to clinically reason much earlier in the educational conduit. Much like successful nurse residency programs, a robust apprenticeship model incorporates gap analyses to identify performance issues and requires built-in, real-time remediation and validation of competencies at the point of care. With that said, early models of nurse apprenticeships clearly depict benefits of modified nurse residency programs to support new nurses as they grow to become clinical experts. While the nurse apprenticeship is utilized to provide clinical training and experience, eases transition to professional nursing practice and fills open nursing positions, a modified nurse residency continues to support nurses in their journey to become clinical experts, develops leadership in nursing, and provides an ideal training ground for preceptors and clinical tutors.

Makings of the professional nurse apprenticeship

A deliberate model to learn how to critically think at a much deeper level coupled with consistency of real-time clinical learning where students earn wages while deeply immersed in today's complex patient care environment promises win-win outcomes. Students learn from nurse experts and become fully socialized to the role of the nurse, acclimate to quality clinical decision making through direct patient contact, assume direct responsibility for their actions early on and leave nursing school much better prepared to meet the challenges of their "new" nursing positions that by that time really are not so new anymore. While graduate readiness to sit for the NCLEX® licensure exam is important, apprenticeships promise to attract new talent to nursing, help new nurses to be better prepared to provide optimal care to their patients, improve nurse retention rates and significantly strengthen the nursing workforce.

Professional nurse apprenticeships require completion of a college degree, engage students to work in nursing while they learn, and prepare learners at a much higher level to navigate their chosen profession. While apprenticeships initially may require higher investments from the business sector, employers who have engaged in apprentice training models enjoy a steady stream of well-prepared workers, are able to reduce recruitment and orientation costs and report vastly higher retention rates among apprentices (Field, 2015). Field (2015) goes on to brand apprenticeships as the "the other college without the debt" and purposes apprenticeships as highly viable options for non-traditional students and more mature workers that are ready to engage in new careers. Growing evidence of graduates that are much better prepared to meet the challenges of contemporary employment makes the apprenticeships a model of study that cannot be ignored.

Necessity to design innovative clinical learning models for nursing students that intentionally and consistently support contextualization of the nursing culture is clear. The Institute of Medicine report (IOM, 2010) as well as nursing theorist Dr. Benner and her colleagues extended a compelling call for transformation in nursing education in 2010. In 2011 Seifert clearly recognized the need for transformational clinical learning in response to "ubiquitous technology, shortened lengths of stay for patients, and growing lists of mandatory skills sets." Bingham (2014) describes how a school in New Plymouth, New Zealand answered Benner's call. While modern nurse apprenticeships are deeply grounded in clinical practice, they are significantly different from older models of clinical learning. The "modern apprenticeship" developed at Western Institute of Technology offers a three-year full time plan of study which culminates in a baccalaureate degree in nursing, places students in clinical very early in their program and deliberately prepares graduates for employment in a variety of settings. Recognition that theory-based teaching does not yield the education necessary to successfully navigate the waters of modern health care is clear. Strong partnerships between health care providers and academia are instrumental to make this work. The curriculum is based on the work of Benner and colleagues (2010) and guides the learner through three distinct apprenticeships, or phases of learning. As identified by Benner (2010) nursing education begins as students engage in cognitive learning to acquire and learn to use knowledge. The second apprenticeship is skills-based and begins to tightly connect theory to clinical practice. Apprenticeship three relates to salience, the importance of being a nurse, ties ethical and professional principles together and culminates in standards, behaviors and professional responsibilities of the registered nurse. Bingham (2014) reiterates that a variety of teaching methods are utilized to help students develop and utilize skills of noticing, interpreting, responding and reflecting

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like a nurse. Real-life clinical learning, management of unexpected patient situations with little or no prompting from clinical tutors and responsibility for actions taken are pillars of the "modern apprenticeship." While faculty works directly with students in clinical in year one, experienced nurses in partnering facilities work with nurse apprentices in years two and three. By the end of their program nurse apprentices work 32-hour weeks as part of their care teams in clinical. Apprentice logs and weekly faculty-led tutorials provide full reflection on clinical actions, allow apprentices to share their experiences with their peers and provide a supportive avenue for remediation. Accountability for actions is at the forefront of real-time clinical learning. Transformative educational preparation and effective transitional orientation processes help learners form their professional identity, embrace their social role and responsibility and accept moral agency and advocacy of their positions. Bingham (2014) reports outcome data for this "modern apprenticeship" utilized in an active, blended learning environment to educate nurses in New Zealand. In 2013 a mixed-method questionnaire was utilized to attain feedback from 48 nurse apprentices; 92% of responders rated their educational experiences as positive. Responses, such as "best way to apply theory to practice," "learn to notice the little things" and "increased my confidence" reiterate a highly positive, effective way to clinically educate.

Dean (2018) describes nursing education offered in form of a nurse apprenticeship at Anglia Ruskin University in England. In this model nurse apprentices work three days each week in their jobs while completing an 18-month course of study. Nurse apprentices engaged in this educational model are required to attain a two-year foundational degree that is required to effectively transition to the University and provides academic eligibility to complete their degree in nursing. The writer indicates that while this apprenticeship program moves very fast, comprehensively ties theory and clinical together and demands high levels of motivation and commitment, drop-out rates are very low. While the article indicates that this model is primarily used to offer "bands" of articulation to workers already employed in health care, this university continues to work with local employers to develop innovative work-based approaches to foster the nursing workforce. Just last September a full 42-month nursing apprenticeship program was started; the option for students with foundational degrees to complete the apprenticeship in 20 months is offered. Early retention rates for these options are high as well. Necessity for employers to work closely with academia to select and pair nurse apprentices with their mentors, determine optimal care placements for them and to work collaboratively to see them through their educational journey is clearly demonstrated.

How to make the professional nurse apprenticeship work

The Journal of Perioperative Practice (Anonymous Author, 2012) describes facets of a contemporary apprenticeship and brings out essentials to make this new innovative model work. Prerequisite skills and knowledge should be set to ensure patient safety, clinical experiences should span over at least two years, and clinical placements should be consistent, yet robust, to ensure stability and continuity of patient care. Strong focus on staff development and career progression is essential. Creation of "nursing bands" which begin with a platform of basic training as a health care assistant and then move forward onto actual nurse education is discussed. Essentiality of deliberate alignment of formal education and mentorship with hands-on on the job learning is reiterated throughout the literature. Bradley-Adams (2011) yet again emphasizes necessity for "placement providers" to closely work with nursing schools to determine optimal placements for nurse apprentices. Hiring for apprentice placements should directly hinge to permanent positions in nursing upon completion of the nursing degree. Expert clinical training paired with the opportunity to earn wages in nursing while learning the profession serves as a major incentive to attract the best and brightest with equal rights for economically challenged as well as affluent students! The current clinical model undeniably puts great strain on nurse workload, does not support clinical operations in facilities as well as it could and certainly does not help with the shortage of clinical faculty and preceptors. Impact of well-designed nurse apprenticeships on clinical learning, nurse workloads and clinical site operation could be astonishing. This new approach to clinical learning promises better continuity of care, reduction of temp staffing costs, cohesive nurse and apprentice work teams, extra hands on deck to enhance patient care and satisfaction and unprecedented impact on new nurse retention rates.

Essentials of the professional nurse apprenticeship:

- Early engagement of students in middle and high school to raise awareness and to grow interest in nursing/health care field.
- "Nursing bands" which provide a platform for basic training as health care assistants and culminate in degrees in professional nursing.
- Robust partnership of health care employers with academia – collaboration, trust, agreement and open communication.
- Registration of professional nurse apprenticeships with the U.S. Department of Labor – exploration/utilization of financial incentives to support apprenticeships.
- Curriculum focused on contextualization of theory and clinical learning.
- Prerequisite course work, skills and proficiencies for each level of the apprenticeships – utilized to determine student eligibility to work as an apprentice nurse.
- Selection of nurse apprentices by health care employers in concert with academia.
- Hiring of nurse apprentices at competitive wages with intent for full employment after graduation.
- Spanning of nurse apprenticeships over at least two years to meet the clinical component of the degree in nursing.
- Apprentice nurse work hours counted as college credit for clinical.
- Clear delineation of faculty and staff responsibilities in oversight of apprentice nurses.
- Focused training for expert nurses to build strong care teams with apprentice nurses.
- Apprentice nurses work at the level of objectives, skills and competencies already covered in school.
- Clear communication of specific learning objectives for each nurse apprentice/level of apprenticeship – clinical rotation information sheets completed by faculty and posted for staff to utilize.
- Apprentice placements that are constant and robust to ensure stability and continuity of patient care.
- Incorporation of clinical projects and practicum experiences.
- Gap analyses to identify performance issues, built-in, real-time remediation and validation of competencies at the point of care.
- Clearly defined evaluation processes for effectiveness/outcomes of the apprenticeship.
- Modified nurse residency programs to support nurses in their journey to become clinical experts, culminate leadership in nursing, and provide training grounds for preceptors and clinical tutors.

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What Nurse Leaders Need to Know

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Introduction

The Nurse Licensure Compact (NLC) allows a nurse (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) to hold one multistate license in the primary state of residence (the home state) and to practice in-person or telephonically in other compact states (remote states), while subject to each state's practice and discipline laws. Advanced practice registered nurses (APRNs) are not included in the NLC.

Accountability for Nurse Licensure

Health care facilities are accountable to accreditation bodies, regulatory agencies, payers and malpractice carriers for ensuring that nurses under their employment are appropriately licensed. Such entities generally have penalties associated with non-compliance in this area.

Confirmation of Nurse License Status

Employers can confirm a nurse license and view a Nursys® QuickConfirm report at www.nursys.com at no cost. The report contains the nurse's name, state, license type, license number, compact status, license status, expiration date, discipline against license and discipline against privilege to practice. Employers can also view an individualized authorization to practice map which displays the states where a nurse can legally practice.

It is recommended that a facility's employed nurses are registered in e-Notify at www.nursys.com so that the facility will receive automatic updates when a nurse is disciplined or has a license status change for any license the nurse holds.

Where Practice Takes Place

Lawful practice requires that a nurse be licensed or have the privilege to practice in the state where the patient or recipient of practice is located at the time nursing service is provided. This is not to be confused with the state where the patient resides because the patient may not be located in the state of residency at the time practice occurs.

Multistate Health Care Systems

A nurse executive with multistate responsibility for nurses practicing in various facilities, and who may provide guidance or direction to staff in these states, should be appropriately licensed in such states.

Telehealth

Telehealth is not limited to telehealth programs or sophisticated telehealth technology. Rather, telehealth practice may be any communication between a nurse and a patient, for example, by phone, email or text, wherein a nurse is practicing (see definition of nursing practice below). When the patient is located in another state during the telephonic encounter, the nurse should be appropriately licensed or hold the privilege to practice via a multistate license, in the state where the patient is located at that time.

How is Nursing Practice Defined?

Many state boards of nursing will generally define nursing practice as some variation of "when a nurse utilizes his or her education/knowledge, skills or judgment/decisionmaking."

Travel Nurses

When a nurse is on a travel assignment at a facility and the nurse who holds a multistate license has a primary state of legal residence in the compact home state, that nurse is able to practice in the remote compact state under the multistate privilege to practice as long as the nurse maintains legal residence status in the home state. Should this nurse's residency status change and the state where the facility is located becomes the new home state, then the nurse must immediately apply for license by endorsement in the new home state.

Hiring Nurses from Other States

Noncompact to Compact:

- When hiring a nurse who resides in a noncompact state for employment in a compact state, if the nurse will reside in the compact state where the facility is located, the nurse is responsible for being licensed in that state and should apply for licensure by endorsement in the new state of residence. In order for the nurse to be able to practice immediately upon moving, the nurse may apply prior to the move. This nurse may opt to obtain a single state license while applying as a resident of a noncompact state. Certain states offer a temporary single state license. This may also be helpful to the nurse who needs to start practice in the short term. A multistate license may be issued if residency and eligibility requirements are met.

Compact to Compact:

- When hiring a nurse who resides in a compact state for employment in another compact state, if the nurse will reside in the compact state where the facility is located, the nurse is responsible for being licensed in that state and should apply for licensure by endorsement in the new state of residence upon moving to that state. The nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse's new state of legal residency. The nurse may practice on the former home state license only until the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated.

Definition:

- Primary State of Residence: The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.

For more information about the NLC, visit www.ncsbn.org/nlc or email nursecompact@ncsbn.org.

Moments with Marcus

The Response I Never Saw Coming

Marcus Engel

Okay, friends, we are all still coming down off the high that was the first ever I'm Here Movement Conference. What an incredible event! And, of course, I've got stories from it. First, a little background.

The I'm Here Movement Conference was held alongside the 19th Annual Healthcare Service Excellence Conference put on by Custom Learning Systems. I chose to do our first conference with CLS because it is primarily attended by rural, critical access hospitals. I have such a heart for these facilities because, well, I grew up in the Missouri countryside. Many of my family members would still have to drive for half an hour to an emergency room. And, some of these hospitals serve huge, huge areas. Think western Wyoming. Naturally, these conference attendees and I are cut from the same cloth.

For the first time, Barb and Jenny, my two favorite nurses, both of "I'm Here" fame were the only two presenters on a panel discussion. And, their discussion was facilitated by my wife, The Hotness, who got to fulfill a lifelong dream of playing Oprah! Jenny, the tech who held my hand in the E.R. is now a chief nursing officer of a large hospital in Nashville. Barb, my favorite nurse from that lengthy recovery, is still at the bedside on the same floor at the same hospital…after 42 years. She is a bedside nurse to her core.

Know what's better than nurses? More nurses!

Jenny's husband, Drew, is also a nurse. He also happens to be a Lt. Col. in the United States Air Force and has a Master's in mass casualty response. His keynote titled, "Assembly Line Compassion" shared how he personalizes compassionate care to injured soldiers. Drew and his flight crew would transport the wounded in cargo jets, trays of men stacked up both walls, to the best secure military hospital in Afghanistan.

For this to work (and work it does, the survival rate is upwards of 95%), systems and protocols have to be in place. The work of healthcare becomes an assembly line process. How does Drew keep the systems running while also showing compassion to dozens of young men who are now missing limbs? His answers are brilliant…but I'm gonna share those later. Maybe in a new book. Here's the REAL story that I've been trying to get to.

When Q&A time came, a healthcare leader of a critical access hospital raised her hand. While I could not read her facial expression, her voice, not just her words, echoed loss.

"Thank you, Drew. You transported my son in 2005…you saved his life. Thank you."

Not. A. Dry. Eye. In. The. Room

Before she finished her second thank you, Drew's response came quick: "How's he doing now?"

This mom's answer was given in the solemnity of that moment. I don't want to dishonor that sacred moment by disclosing specifics about her son. Rather, let's unpack Drew's response a little bit.

When someone says thank you, anyone could jump to an answer of, "You're welcome" or "No Problem or "It's Nothing." Drew did not. Instead, he turned back to her son and their suffering. "How is he now?"

Friends…this is compassion. It is the recognition of another's pain, being moved by it and the desire to ease that pain. It is witnessing, it is awareness it is presence. It's that same presence Drew's wife, Jennifer, gave me the night my battered body was rolled into the emergency room. It's the sentiment, if not the actual words, "I'm here."

And this is how we get to share this message with the world…this is the I'm Here Movement.

The Missouri Board of Nursing Announces the 2019 Recipients of the Nursing Education Incentive Program (NEIP) Grants

At their February 27 meeting, the Missouri Board of Nursing approved six Missouri nursing schools to receive grants through the Nursing Education Incentive Program (NEIP). This grant program, created by a legislative action in 2011, started as a means of increasing nursing program infrastructure by awarding funding to be used to enhance nursing education and increase seat capacity. The funding for this program comes from fees paid by nursing licensees and serves as an important reinvestment in the nursing profession.

The Missouri Board of Nursing has awarded grants in 2011-2013, 2017, 2018 and 2019. The Board allocated over $825,000 to NEIP funding this year, making the total investment in nursing education more than $6.2 million. The grant program allows any institution of higher education accredited by the Higher Learning Commission of the North Central Association that is offering a nursing program to apply.

This year, funding included innovative clinical models which transform clinical education, to include the nurse apprenticeship model. The nurse apprenticeship model is designed to immerse students in clinical learning while they work in nursing environments and earn wages while in school. These apprenticeships are a unique way to address current nursing shortages, provide access to real-time clinical education, and ease transition to professional nursing practice. This approach is projected to improve new nurse retention rates through robust clinical education in facilities where graduates will work once they complete nursing school.

"I am so proud of our Missouri nursing programs for working so hard to create innovative approaches to nursing education," said **Lori Scheidt, Executive Director of the Missouri Board of Nursing**. "Expansion of nursing schools and enhancement of innovative clinical models is a win-win situation for Missouri patients, health care employers, students and nursing schools."

The following Missouri nursing schools have been approved to receive 2019 NEIP funding:

Missouri State University – Springfield ($150,000)
- Expansion of the number of BSN students by 24 each year and enhancement of faculty resources by at least one nursing faculty.

St. Louis University – St. Louis ($150,000)
- Implementation of an innovative new model for sharing of faculty resources through utilization of a collaborative with Maryville University and augmentation of instructional technology.

Truman State University – Kirksville ($150,000)
- Enhancement of opportunities for clinical learning through utilization of alternative clinical models, expansion of simulation resources and experiences and partnership with a local medical school.

University of Missouri – Columbia ($150,000)
- Expansion of the number of BSN students by 29 students each year through enhancement of clinical simulation.

University of Missouri – Kansas City ($150,000)
- Scholarships for seven graduate students toward completion of their MSN, DNP or PhD with commitment to teach in nursing for at least three years, as well as purchase of instructional technology to enhance student learning in the sciences.

Crowder College – Neosho ($77,461.74)
- Implementation of an innovative new clinical model in the form of nurse apprenticeships.

Missouri State Board of Nursing Approves Major Expansions for Nursing Programs to Address Statewide Workforce Shortage

Missouri hospitals are facing growing challenges as they seek to fill openings for nursing positions. The Missouri Hospital Association (MHA) 2018 Workforce Report PDF Document shows a current vacancy rate of 13.3% (4,985) for registered nursing positions in the state's hospitals. Southwest Missouri is especially impacted by nursing shortages; market analyses show close to 500 annual openings for registered nurses in the Ozark Region.

In his State of the State Address, Governor Parson made workforce development one of his top priorities, as well as discussing the need to improve the health and health care of all Missouri citizens. The Missouri State Board of Nursing (Board) is taking steps to help expand and develop the workforce to address this problem by approving a major expansion of nursing schools across Missouri.

At their February 27, 2019 meeting, the Board approved expansions for five (5) nursing schools in the state. Missouri nursing schools show tremendous capability and capacity to educate registered nurses who are well prepared to provide quality care to Missourians. The Board is working closely with schools to expand seat capacity while maintaining instructional quality and program integrity. For some schools, the approved expansion is an important step in obtaining funding through MoExcels, a program for Missouri Higher Education Institutions to develop and expand employer-driven education, training programs, and initiatives to increase career readiness.

"We need to address the shortage of qualified nurses in Missouri, and the first step is to add more capacity to the programs providing nursing education," **Governor Mike Parson said**. "No matter where you live in our state, we want you to have access to skilled health care professionals. These expansions are a great start as we address these serious workforce issues."

The following nursing programs have received the Board's approval for expansion over the next four years:

Cox College of Nursing – adding up to 150 seats to ASN and BSN programs in Springfield, MO with new program sites in Monett and Branson.

Missouri State University – adding up to 24 seats to the BSN program in Springfield, MO.

State Fair Community College – adding up to 25 seats to the ADN program at a new location in Clinton, MO.

St. Louis Community College – adding up to 24 seats to the ADN program at a new location in Wildwood, MO, as well as adding 36 seats at the program site at Florissant Valley.

University of Missouri – Columbia – adding up to 29 seats to the BSN program in Columbia, MO.

Missouri State Board of Nursing Proposed Fee Elimination

The Missouri Board of Nursing proposes to eliminate the Registered Professional Nurse (RN) and Licensed Practical Nurse (LPN) application fee for those applying to take the exam for the first time. The amendment has been filed and this proposed fee elimination was first published in the March 1, 2019 Missouri Register, page 843.

This action would not adversely affect the Board's fund, but, would alleviate a part of the financial burden for obtaining licensure for individuals who are just commencing their nursing careers. This would be of significant help to a majority of newly graduating students who may not yet have a steady income.

By easing the burden for individuals applying for licensure, the additional benefit will be to attract more who wish to practice nursing in Missouri. This would also reduce the time it currently takes to get individuals to work in the nursing profession, thus improving the pipeline providing nurses to Missouri's workforce.

The Missouri State Board of Nursing is the first in the nation to propose the elimination of this fee, putting into practice their support of the nursing profession and strong desire to provide a licensure environment that encourages qualified applicants to work in the state.

NLC Implementation in Kansas

Guest Article from the Kansas State Board of Nursing, Carol Moreland, MSN, RN, Executive Administrator

Greetings . . .

The Kansas Board of Nursing will be implementing the Nurse Licensure Compact (NLC) on July 1, 2019. We are excited for this change! The ability to have borderless practice for nurses with a multi-state license in a member state is a huge benefit. The multi-state license allows a nurse to practice physically, electronically and/or telephonically in Kansas and other states that are members of the NLC. Nurses in Kansas will have the option of continuing with their single-state Kansas license or applying for a multi-state license. If a nurse residing in Kansas wishes to apply for a multi-state nursing license, there will be an application and fee the nurse must submit. There are additional requirements for a multistate license. These are uniform licensure requirements that must be met before the Board of Nursing can issue a multi-state license. If you do not meet all the uniform licensure requirements, you will retain your single state license. On the application for a multi-state license you will be required to declare your state of residency and self-disclose if you are currently participating in an alternative program. If you practice in other NLC states on your multistate license, you must adhere to the laws and regulations of the state you are practicing in. If you need to practice in a state that is not a member of the NLC, you need a single state license issued from that state regardless of whether you hold a multistate license.

Nurses in Kansas with a current single state nursing license that want to maintain their current single state nursing license can do that and there is nothing they need to do. They will continue to renew their single state nursing license when it is due for renewal. We encourage all nurses to self-enroll in Nursys e-Notify to receive status updates on your license and license expiration reminders. Nursys e-Notify is a national database for licensure verification of RNs, LPNs and APRNs.

There will be more information about the multi-state application process and fee available on our website (www.ksbn.org) as we get closer to 7/1/19.

Missouri Long-Term Care Ombudsman Program

The Missouri Long-Term Care Ombudsman Program is searching for Volunteer Ombudsmen statewide to advocate for the elderly and disabled residing in Assisted Living and Skilled Care Nursing Homes. Volunteer Ombudsmen visit with residents to promote dignity, respect and help protect residents' rights in long-term care. Volunteer Ombudsmen make a difference by voicing the wishes and concerns of residents to facility management to help improve the residents' quality of life. Training and certification are provided. If you are interested becoming a Volunteer Ombudsman please contact the Long-Term Care Ombudsman Program at 1-800-309-3282 or email: LTCOmbudsman@health.mo.gov. For more information check out our website at: http://health.mo.gov/seniors/ombudsman/.

Missouri Long-Term Care Ombudsman
ADVOCATE. EDUCATE. EMPOWER

Disciplinary Actions**

The disciplinary actions shown in this newsletter are for the time period of 12/01/2018 to 02/28/2019.
You should not use this newsletter to verify license discipline or status. Look up a license using QuickConfirm at www.nursys.com to obtain current license and discipline status. If you are an employer, you should create a Nursys e-Notify® institution account at www.nursys.com in order to receive real-time alerts of any license or discipline status updates.
Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.
**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

The Board of Nursing is requesting contact from the following individuals:

Shannon Lynn Aye – RN 2011021483
Heather Marie Frey – PN 2001022468
Chastity Ann Fry – PN 2002027756
Jacqueline Marie Hickam – RN 2014004397

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

CENSURE

Whistler, Sarah E
Saint Louis, MO
Registered Nurse 2015007411
In or about November 2016, Respondent was seeking employment in a travel nurse position. The travel company requested that Respondent submit proof of completion of a basic life support course. Respondent submitted a card with an issue date of February 25, 2016. The card had been visibly altered and the date appeared to have been modified. The company conducted further investigation and discovered that Respondent did not take the basic life support course at the time indicated at the card. Respondent admitted in correspondence to the Board and to the Board's investigator that she had falsified her basic life support card.
Censure 02/01/2019

Goswick, Scott Eugene, Jr
Seneca, MO
Registered Nurse 2015025069
The Board received a complaint against Licensees license. The Board attempted to contact Licensee during the course of its investigation. Licensee failed to keep the Board notified of his current address. The Board was unable to contact Licensee during the course of its investigation. Licensees failure to keep the Board notified of his current address impeded the Boards investigation. Licensees conduct, as described herein, constitutes unprofessional conduct in the performance of the functions and duties of a nurse.
Censure 12/21/2018

Williams, Jenna Jean
Queen City, MO
Registered Nurse 2011000755
An investigation by the pharmacy revealed that on October 31, 2017, Licensee called in a prescription for Phentermine for a co worker that the pharmacist alleges was entered under her collaborating physicians DEA number. The Licensee disputes the pharmacists allegations and asserts she called in the prescription under her own DEA number. When questioned, the collaborating physician denied writing or approving the prescription. Licensee's Collaborative Practice Arrangement did not authorize her to prescribe Phentermine without physician approval. Licensees collaborating physician stated the following with regard to Licensees prescriptive authority:
I spoke with Jenna about prescribing phentermine prior to this incident. I told her that phentermine can be prescribed if the patient meets FDA criteria, its use is closely monitored especially for potential side effects or adverse reactions, such as elevated blood pressure and other potential complications, and that its use be limited. Again, per the FDA guidelines.
Licensee failed to document the appropriateness of the prescription or indication for the prescription.
Censure 12/21/2018

Rohr, Tabitha Sarah
Kirksville, MO
Registered Nurse 2005025560
An investigation by the pharmacy revealed that on October 31, 2017, Licensee called in a prescription for Phentermine for a co worker using her collaborating physicians DEA number. When questioned, the collaborating physician denied writing or approving the prescription. Licensee's Collaborative Practice Arrangement did not authorize her to prescribe controlled substances without physician approval. Licensee failed to document the appropriateness of the prescription or indication for the prescription.
Censure 12/21/2018

Illyuk, Aleksey
Ozark, MO
Registered Nurse 2014006056
On December 6, 2017, Respondent pled guilty to the class C felonies of Mail Fraud, in violation of 18 U.S.C. õ1341, and Smuggling Goods in the United States, in violation of 18 U.S.C. õ545, in the United States District Court for the Western District of Missouri, Southern Division.
Censure 01/22/2019

Crane, Phyllis M
Imperial, MO
Licensed Practical Nurse 043747
Licensee practiced nursing in Missouri with a suspended license from February 1, 2017 to March 6, 2018.
Censure 01/02/2019

PROBATION

Uhrig, Misty Ann
Imperial, MO
Licensed Practical Nurse 2001017758
On June 11, 2018, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 2.9 for the June 11, 2018, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On June 22, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Phosphatidyl Ethanol (PEth), a metabolite of alcohol.
Probation 01/22/2019 to 01/22/2024

Blue, Maria Lynne
Lakewood, CO
Registered Nurse 2009001510
After reviewing the reports, the nurse manager found that the Licensee was one of the top users for Hydrocodone and

Disciplinary Actions**

Oxycodone within the hospital for several months in a row and decided to monitor the situation. On several occasions, Licensee had gaps of an hour or longer between removing a medication and administering a medication. Licensee occasionally documented administering medication prior to it having been dispensed. Licensee often failed to scan medications. On or about December 4, 2017, Licensee pulled narcotics that had not been administered for several hours. Licensee admitted to placing the narcotics inappropriately in the wrong patient's med server. On December 4, 2017, Licensee submitted to a for-cause drug screen, which was positive for Opiates and oxycodone. Licensee provided a prescription for hydrocodone and oxycodone, but they were old prescriptions from 2011 prescribed by her dentist. Licensee admitted to ingesting her old prescriptions the evening before going to work. Licensee admitted that she should not have worked as a nurse with narcotics in her system, which she attributed to causing her poor documentation.
Probation 01/17/2019 to 01/17/2022

Bradley, Charmaine Nichol
Florissant, MO
Licensed Practical Nurse 2010008140
From January 31, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on one (1) day, April 1, 2018. Further, on July 25, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of February 19, 2018 and August 17, 2018. Further, the employer evaluation that was due on May 17, 2018, was not received by the Board until June 7, 2018.
Probation 12/21/2018 to 12/21/2023

Arnold, Tina M
Fulton, MO
Registered Nurse 153776
On or about April 14, 2014, it was brought to the attention of hospital administration that Licensee was taking Furosemide tablets from the Med-Dispense system. Hospital pharmacy director ran a report detailing Respondent's Med-Dispense transactions, and found that Respondent dispensed, on multiple occasions, Furosemide 40 mg tablets and Bisacodyl 10 mg suppositories, but failed to chart the administration of these medications. When questioned, Respondent admitted to taking Furosemide and Bisacodyl from the Med-Dispense several times over a long period of time. Respondent was terminated from the hospital on April 25, 2014, due to theft of medication from the hospital.
Probation 01/22/2019 to 01/22/2022

Hughes, Pamela Denise
Saint Joseph, MO
Licensed Practical Nurse 1999135814
Respondent tested positive for methamphetamine. Respondent admitted to a Board investigator that she had smoked methamphetamine.
Probation 01/10/2019 to 01/10/2024

Bowen, Lenna L
Shelbyville, MO
Licensed Practical Nurse 057685
Licensee practiced nursing in Missouri without a license from June 1, 2016 through November 6, 2018.
Probation 01/10/2019 to 01/10/2020

LaBelle, Desiree Cheri
Jackson, MO
Registered Nurse 2008021449
On April 4, 2018, Respondent pled guilty to the class A misdemeanor of Endangering the Welfare of a Child - 2nd Degree, in the Circuit Court of Cape Girardeau County, Missouri.
Probation 01/22/2019 to 01/22/2024

Rylott, Laurie Anne
Branson, MO
Registered Nurse 2001017558
In accordance with the terms of the Agreement, Respondent was required to undergo a thorough mental health evaluation performed by a licensed mental health professional and have the results submitted to the Board within eight (8) weeks of the effective date of the Agreement, which was August 14, 2018. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf.
Probation 01/10/2019 to 01/10/2021

Scott, Karissa Ann
Arnold, MO
Registered Nurse 2004021517
From January 25, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on eleven (11) days. Further, on May 31, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On June 19, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. Respondent did not have a prescription for, or lawful reason to possess, marijuana. The Board did not receive evidence of continued support group attendance by the documentation due date of June 22, 2018.
Probation 01/10/2019 to 01/10/2024

Campbell, Nicole Lyne
Kansas City, MO
Registered Nurse 2007025115
From March 2, 2016, until the filing of the Complaint, Respondent failed to check in with NTS on pursuant to the contract on 36 days. Further, on June 7, 2017; January 3, 2018; August 14, 2018; and August 20, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on March 7, 2017 and September 27, 2018, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on March 7, 2017 and September 27, 2018. In addition, on February 14, 2017, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. Respondents creatinine reading was 14.5 for the February 14, 2017, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of April 27, 2017. The Board did not receive an updated mental health evaluation by the quarterly due dates of April 27, 2016 and April 27, 2017. The Board received an evaluation on January 24, 2018, completed by a mental health evaluator which stated he had not seen Respondent since October 25, 2017; therefore, the Board did not receive an updated evaluation by the January 29, 2018, quarterly due date. On April 26, 2018 and July 27, 2018, the Board received purported evaluations signed by T M Family Nurse Practitioner, who is not a licensed mental health professional; therefore, the Board did not receive compliant evaluations by the April 27, 2018 and July 27, 2018, quarterly due dates.
Probation 01/10/2019 to 01/10/2024

Richmond, Hope Elena
Sikeston, MO
Licensed Practical Nurse 2018013119
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 18, 2018. The Board did not receive an updated mental health evaluation by the quarterly due date of July 18, 2018. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on May 1, 2018, by telephone. Respondent did not attend the meeting or contact the Board to reschedule the meeting.
Probation 01/10/2019 to 01/10/2024

Oliver, Franci Leigh
Springfield, MO
Registered Nurse 2003028626
From December 28, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days. Further, on January 26, 2018; February 13, 2018; and April 26, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a

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collection site to provide the requested sample. In addition, on September 12, 2018, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 12, 2018. In addition, on three separate occasions, February 14, 2018; July 6, 2018; and July 31, 2018, Respondent reported to lab and submitted the required sample which showed a low creatinine reading.
Probation 01/10/2019 to 01/10/2024

Strand, Connie S
Osage Beach, MO
Licensed Practical Nurse 043484
Respondent never completed the contract process with NTS. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement. On or about August 27, 2018, Respondent completed an Addiction Severity Index Assessment and a urine analysis test at the request of a chemical dependency evaluator. The urine analysis test completed on August 27, 2018, was positive for alcohol and Respondent admitted to consuming alcohol to both Board staff and her chemical dependency evaluator. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. Respondent consumed alcohol in violation of her probationary terms.
Probation 01/08/2019 to 01/08/2024

Ortmann-Becker, Katherine Mae
Festus, MO
Registered Nurse 137731
On or between September 2, 2015 and September 4, 2015 a forty (40) tablet card of Hydrocodone/Acetaminophen 10-325 mg went missing. Licensee agreed to submit to a for-cause drug screen. The drug screen was positive for benzodiazepines and methamphetamine. Licensee had a valid prescription for Xanax. Licensee did not have a prescription for, or a lawful reason to possess methamphetamine.
Probation 12/21/2018 to 12/21/2021

Cureton, Christina Elaine
Hermann, MO
Licensed Practical Nurse 2003024362
On or about January 21, 2016, Licensee was found guilty of DWI in the municipal court of Hermann, Missouri. On or about March 20, 2017, Licensee pled guilty to the class A misdemeanor of Passing Bad Check - Less Than $500, in violation of õ570.120 RSMo, in the Circuit Court of Madison County, Missouri. On or about August 16, 2017, Licensee pled guilty to three (3) counts of the class A misdemeanor of Passing Bad Check - Less Than $500, in violation of õ570.120 RSMo, in the Circuit Court of Gasconade County, Missouri. On September 5, 2017, Licensee pled guilty to the class A misdemeanor of Passing Bad Check - Less Than $500, in violation of õ570.120 RSMo, in the Circuit Court of St. Francois County, Missouri. On March 1, 2018, Licensee pled guilty to the class A misdemeanor of Passing Bad Check - Less Than $500, in violation of õ570.120 RSMo, in the Circuit Court of Montgomery County, Missouri.
Probation 12/05/2018 to 12/05/2019

Beavers, Jennifer Christine
Union, MO
Licensed Practical Nurse 2008029358
On or about December 21, 2017, patient JR provided four white pills to a CNA on duty. JR indicated that Licensee had been giving her these tablets, instead of her Vicodin, as requested. Upon investigation, the white pills were found to be Excedrin. JR stated she had been collecting the pills for several days because she realized they were not Vicodin. JR's boyfriend approached the Director of Nursing and handed her another Excedrin that Licensee had given JR when requesting a Vicodin for pain. The narcotic book reported JR had a Vicodin signed out at 8:00 pm. Licensee admitted she gave JR Excedrin without a doctor's order because JR complains of a headache and neck pain. JR did not have an order for Excedrin. The Director of Nursing asked Licensee to submit to a for-cause drug screen. Licensee did not submit to a for-cause drug screen. Licensee admitted that she had previously smoked marijuana at work and that it would show up on her drug screen. Licensee was terminated on December 21, 2017 and clocked out at 11:42 pm. According to the narcotic log for patient SK, Licensee had administered Oxycodone on December 22, 2017, at 12:00 am. On December 22, 2017 12:45 am, the Night Shift Supervisor reported to the Director of Nursing that patient SK requested a Percocet (Oxycodone). SK was alert and oriented and stated she had not received a Percocet since 6:00 pm December 21, 2017.
Probation 01/19/2019 to 01/19/2022

Ramsey, Heather Shawntelle
Willard, MO
Licensed Practical Nurse 2012030777

Taylor, Jennifer Lee
Milwaukee, WI
Registered Nurse 2012022995
Licensee was employed as a registered nurse at a hospital in Missouri. Licensee worked a twelve hour shift from January 4, 2016 to January 5, 2016. On or about January 5, 2016, Licensee was witnessed by coworkers exhibiting odd behaviors. During a medication audit of Licensee's shift from January 4, 2016 until January 5, 2016, it was discovered that Licensee failed to properly document the administration and waste of Propofol for a patient in her care. Licensee withdrew five 100 ml bottles of Propofol and documented the administration of those bottles to her patient for a total of 500 ml of Propofol administered. However, Licensee documented the administration rate as 19.7ml per hour which would have resulted in only 240ml of Propofol administered to her patient over the course of her twelve hour shift. Licensee failed to document what occurred to the remaining 260ml of Propofol. Additionally, several needles were found in her patient's room and the patient did not have any orders which would have necessitated the needles. When questioned about the needles, Licensee told the Boards investigator that she had tried to place a peripheral line on the patient. Licensee failed to document her attempt to place a peripheral line for the patient. Licensee resigned from the hospital on January 11, 2016. The Wisconsin Board of Nursing and Licensee entered into a Final Decision and Order effective March 9, 2017. Licensee stipulated that Licensee injected Propofol and collapsed in a patient's room at a hospital in Wisconsin. The Order noted that Licensee had sought treatment beginning July 1, 2016.
Probation 02/08/2019 to 02/08/2023

Lapinski, Scott Charles
Saint Louis, MO
Registered Nurse 2007025828
On or about May 1, 2018 Licensee was observed by Hospital co-workers displaying hyperactive erratic behavior including constricted pupils, bouncing back and forth from foot to foot, incapable of standing still, rubbing at his arms and face, and unusually fast speech. Hospital management requested Licensee to submit to a for-cause

Disciplinary Actions**

drug screen. Licensee denied being under the influence of drugs or alcohol. Licensee refused to submit to a drug screen.
Probation 02/19/2019 to 02/19/2024

Seay, Christina Lynn
Eldon, MO
Registered Nurse 2014002120
On or about July 8, 2017, Licensee had a patient under her care that was actively seizing. Licensee contacted hospice and alerted the patient's nurse that the patient was having a seizure. While the patient continued to experience a seizure, Licensee left the facility for lunch. While Licensee was on lunch, the on-call nurse from hospice arrived to assess and care for Licensee's patient. After the on-call nurse inquired about the whereabouts of Licensee, Licensee was contacted to receive further instruction for patient care, but she remained on lunch and did not attend to the patient for another twenty minutes. Licensee had taken the keys to the medication cart when she left the facility, which resulted in the on call hospice nurse being unable to administer medication to the patient to stop the seizures until Licensee returned from lunch.
Probation 12/21/2018 to 12/21/2020

Rockwell, Jessica Claire
Saint Peters, MO
Registered Nurse 2014010834
On February 15, 2017, Licensee pulled Percocet for a patient at 2242 and Ibuprofen at 2243. The Ibuprofen was marked as not administered. On February 21, 2017, hospital administrators met with Licensee who admitted to diverting some controlled substances from the hospital for her personal use. Licensee was terminated from the hospital on February 21, 2017. Licensee later spoke with an investigator for the Board and admitted to diverting Percocet from the hospital in December 2016, January 2017, and February 2017. Percocet is combination of acetaminophen and oxycodone hydrochloride. Oxycodone is a controlled substance pursuant to õ195.017.4(1)(a)n RSMo.
Probation 02/16/2019 to 02/16/2023

Calcaterra, Michael L
Alton, IL
Registered Nurse 127263
At all times relevant herein, Licensee was employed as a registered nurse with a hospital in St. Louis, Missouri. On or about December 11, 2017, the Director of Quality and Risk Management (DQRM) was notified by the CNO that a patient reported Licensee sexually assaulted her on December 10, 2017. DQRM initiated an investigation immediately, which included interviews with the patient and her primary RN, a social worker, physician, and local police; as well as the patient being seen in the emergency department. Upon review of the facts, the facility could not conclude that the patient was sexually assaulted, but it did conclude that Licensee violated expected standards

PROBATION continued on page 14

Disciplinary Actions**

PROBATION continued from page 13

of conduct by exhibiting poor clinical practices/decisions, demonstrating unsatisfactory performance, and not being forthcoming in an investigation. On December 10, 2017, Licensee performed a digital rectal exam on a psychologically vulnerable patient without physician consult or order and without anyone else in the room. Licensee did not document the rectal exam nor did he relay the procedure to any physician, charge nurse, or relief nurse. Licensee documented that the patient had three bowel movements, the abdomen was soft, non-tender, and had positive bowel sounds. Licensee documented that patient was alert to person, time and situation, was calm, pleasant, cooperative, and the patient had no pain. Licensee had been sitting with the patient that day with the door closed and curtains closed. Licensee also gave the patient $5 in change. When questioned about his actions, Licensee initially stated he was sitting by the patient's door charting, with no mention of the door or curtains closed and no mention of the rectal exam. After he was informed of a report of the door and curtain being closed, he admitted to those facts with no mention of the rectal exam. In a subsequent interview, when specifically asked about the rectal exam, Licensee initially denied performing the procedure and then admitted it. He ultimately admitted to checking the patient three times within her rectal vault for presence of an impaction. Licensee admitted the information should have been documented.
Probation 02/15/2019 to 02/15/2021

Moore, Chelsea Dawn
Marshall, MO
Licensed Practical Nurse 2010031420
On September 28, 2016, Respondent was found guilty by a jury of the class C felony of Possession of a Controlled Substance Except 35 Grams or Less of Marijuana.
Probation 01/10/2019 to 03/06/2019

REVOCATIONS

Hankins, Alicia Lynne
Kansas City, MO
Licensed Practical Nurse 2014012683
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 28, 2018. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; Documentation: A Critical Aspect of Client Care; and Physical Assessment (Adult), and have the certificate of completion for all hours submitted to the Board by July 25, 2018. As of the filing of the Complaint, the Board had not received proof of completed hours for Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; and Physical Assessment (Adult).
Revoked 12/10/2018

Ponder, Jenifer A
Black, MO
Registered Nurse 143524
On October 22, 2017, Respondent was taken from her employer into police custody after police found controlled substances in Respondent's belongings and on her person. On April 24, 2018, Respondent pled guilty to two counts of the class D Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana/ Synthetic Cannabinoid, in the Circuit Court of Iron County, Missouri.
Revoked 01/17/2019

Kelly, Elizabeth Jane
Castleton On Hudson, NY
Registered Nurse 2010029836
On April 18, 2017, the Nevada State Board of Nursing issued its Findings of Fact, Conclusions of Law, and Order (Order) finding that Respondent's Nevada nursing license was subject to discipline for failing to submit evidence of continuing education when requested by the Nevada Board. Pursuant to the Order, Respondent was fined and required to submit evidence of completion of the required courses and payment of the fine within thirty days of the effective date of the Order. On June 22, 2017, the Nevada State Board of Nursing sent a letter indicating that as of the date of the letter, the Board had not received any course completion certificates for the required courses. The letter indicated that Respondent's Registered Nursing license was thereby suspended without further proceedings until all requirements are completed.
Revoked 01/17/2019

Morris, Emily Brett
Couch, MO
Registered Nurse 2009014970
On May 7, 2018, the Arkansas State Board of Nursing issued a Cease and Desist Order (Order) on Respondent's privilege to practice nursing in the state of Arkansas.
Revoked 01/17/2019

Blue, Deborah L
Saint Louis, MO
Registered Nurse 142649
From April 18, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on forty-seven (47) days. Respondent ceased checking in effective September 29, 2018. In addition, on August 3, 2018; August 20, 2018; September 4, 2018; September 25, 2018; and October 1, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on August 3, 2018; August 20, 2018; September 4, 2018; September 25, 2018; and October 1, 2018. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On July 16, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol. Pursuant to the terms of Respondent's probation, Respondent was required to obey all federal, state and local laws, and to not violate the Nursing Practice Act. On August 23, 2018, Respondent pled guilty to the class D felony of Unlawful Possession of a Firearm, in violation of õ571.070, in the Circuit Court of the City of St. Louis, Missouri.
Revoked 12/10/2018

Hall, Angela S
Nixa, MO
Registered Nurse 118446
On June 29, 2018, Respondent pled guilty to the class A misdemeanor of Possession of Drug Paraphernalia with Intent to Use and the class B misdemeanor of Driving While Intoxicated in the Circuit Court of Christian County, Missouri.
Revoked 01/17/2019

Palmer, Lisa M
Poplar Bluff, MO
Licensed Practical Nurse 056351
The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 17, 2018. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS

Disciplinary Actions**

Ground Service to attend a meeting with the Board's representative on May 22, 2018, by telephone. Respondent did not attend the meeting or contact the Board to reschedule the meeting. As of the filing of the Complaint, the Board had not received proof of any completed hours.
Revoked 12/20/2018

Donica, Jill Rosemarea
West Plains, MO
Registered Nurse 2007035848
From June 26, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. On August 9, 2018; August 22, 2018; September 11, 2018; and September 21, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on July 23, 2018, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 11.3 for the July 23, 2018, sample. A creatinine reading below 20.0 is suspicious for a diluted sample.
Revoked 12/10/2018

McConnell, Tori Lynn
Sikeston, MO
Registered Nurse 2008021932
From February 1, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on eighteen (18) days. Further, on April 11, 2018; May 24, 2018; June 14, 2018; July 2, 2018; August 6, 2018; August 23, 2018; and September 4, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on July 17, 2018; July 26, 2018; and, September 26, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on July 17, 2018; July 26, 2018; and, September 26, 2018. The Board did not receive an updated chemical dependency evaluation by the quarterly due date of July 17, 2018. The Board did not receive evidence of continued support group attendance by the quarterly due date of July 17, 2018.
Revoked 12/20/2018

Tasios, Stephanie Marie
O Fallon, MO
Registered Nurse 2013001717
On April 9, 2018, Respondent pled guilty to the class D felony of Stealing - Controlled Substance/Meth Manufacturing Material, in violation of õ570.030 RSMo, in the Circuit Court of St. Charles County, Missouri. Respondent appropriated hydrocodone from her employer. Additionally, on April 9, 2018, Respondent pled guilty to the class C felony of Receiving Stolen Property, in violation of õ570.080 RSMo, in the Circuit Court of St. Charles County, Missouri.
Revoked 12/20/2018

Eubanks, Jeri Lyn
Branson, MO
Registered Nurse 2011024991
COUNT I -
The Pharmacy Compliance Officer noticed an 'unusual spike' in how many narcotics Respondent was giving and conducted an audit on Respondent's narcotic usage. The audit revealed that 18.8 mg of Dilaudid was unaccounted for under Respondent's name. The audit also revealed that Respondent was not documenting her administration or waste of some of the narcotics she pulled. Respondent was documenting administration of medication before it was removed from the Omnicell (medication administration system). Respondent failed to document the timely administration and wasting of medication without a witness. Respondent agreed to submit to a urine drug screen. The results were confirmed positive for Morphine and Oxycodone. Respondent admitted to the hospital medical review officer that she took the Morphine from the hospital and that she had a substance abuse problem. The Board investigator was unable to successfully contact Respondent regarding this investigation despite multiple attempts. Therefore, Respondent failed to cooperate in the Board's investigation.
COUNT II -
On May 20, 2015, Respondent received written discipline for incorrectly documenting the administration of a narcotic. On May 21, 2015, Respondent received another written discipline notice, as on May 20, 2015, it was discovered the card RX #2042610 had been tampered with. The contents of the card of Oxycodone had been removed and replaced with RX # 526 Claritin. The backs of the card had been taped with clear tape to give the illusion that there was no tampering. An audit was done and it was discovered that Respondent used another nurse's name and password to obtain OxyContin for a resident who had expired. Further, Respondent pulled 2 cards - 16 count each - 32 pills total of OxyContin for the same resident the day prior when he was still alive but was not taking medications by mouth. This resident never had an order for the oral OxyContin. An audit of the medication cart showed that Respondent had used another nurse's name and password of several occasions to remove medications. In addition, the iPad attached to the nursing cart takes a photograph every time a medication is pulled and Respondent's photograph was taken for the original user and the witness. It was clear that Respondent used a co-worker's username and password to pull the OxyContin. Respondent admitted to another nurse that she had been diverting narcotics for approximately six (6) months. The Board investigator was unable to successfully contact Respondent regarding this investigation despite multiple attempts. Therefore, Respondent failed to cooperate in the Board's investigation.
Revoked 12/10/2018

Bacon, Amy Katherine
Union, MO
Licensed Practical Nurse 2007031262
On October 9, 2018, Respondent pled guilty to the class E felony of Involuntary Manslaughter 2nd Degree, in violation of 565.027, RSMo., and four counts of the class A misdemeanor of Stealing, in violation of 570.030, RSMo., in the Circuit Court of Franklin County, Missouri, in case number 17AB-CR03279-01. Respondents guilty pleas were the result of Respondent misappropriating medications from her employer and causing the death of her spouse through criminal negligence. Respondent appropriated Zoloft, Gabapentin, and Seroquel from her employer and informed her spouse where the drugs were knowing he was addicted to Percocet. The medications Respondent stole from her employer for her spouse were not prescribed to him. Respondent wanted her spouse to take these medications. Respondents spouse overdosed on some of the medications Respondent misappropriated for him.
Revoked 01/10/2019

Goll, Carol L
Hamilton, MO
Registered Nurse 099862
On August 29, 2017, it was documented that resident M.C. fell at approximately 0100. Respondent documented baseline vitals for resident M.C. at 0100. Respondent further documented that she made monitoring visits, to include vital signs, patient orientation, skin, range of motion, and other responses on the patient at intervals of 0115, 0130, 0145, 0200, 0230, 0300, 0400, and 0500. Resident M.C. reported to Home administrators that she was left on the floor for over 30 minutes after falling, and that Respondent only performed a monitoring check on her once after the fall. Home administrators reviewed the facility's surveillance video footage, which showed Respondent entering the resident's room at 0053 with the appropriate assessment tools and then exiting the resident's room at 0103. Respondent is not seen in the video footage entering resident M.C.'s room during the remainder of the assessment period. When questioned about falsifying the documentation of resident M.C.s assessments, Respondent stated that she had performed at least half of the required assessments and that she was previously taught to "not leave any holes" in documentation.
Revoked 01/10/2019

Pettiford, Leslie Marie
Saint Louis, MO
Licensed Practical Nurse 2013035482
On or about March 11, 2017, while working in a patient's home, Respondent was witnessed exhibiting impaired behaviors of unsteady gait and glassy eyes. Respondent was also witnessed taking clothing items from the patient's home and stuffing them inside of her own clothes in an apparent attempt to steal them. Respondent later admitted to the Board's investigator that she had taken underwear and socks from the patient's home.
Revoked 01/08/2019

Kasen, Susan L
Saint Louis, MO
Registered Nurse 2001007407
Respondent failed to check in with NTS on four (4) days. Further, on April 6, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on four (4) separate occasions, May 25, 2018; June 22, 2018; July 24, 2018; and August 29, 2018, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On or about April 17, 2018, the Board received a complaint report from a hospital in St. Louis, Missouri, reporting the termination of Respondent for multiple medication errors and inadequate documentation. The hospital reported that a patient had an order to receive one (1) tablet of Hydrocodone 10mg/acetaminophen 325 mg by mouth every four (4) hours as needed for moderate pain. Throughout her shift on April 4, 2018, Respondent documented that she administered two (2) tablets of Hydrocodone to the patient three separate times. In her actions, Respondent exceeded the scope of practice by administering Hydrocodone in excess of physician orders. Respondent failed to document the required pain assessments associated with the administration of the pain medication.
Revoked 01/08/2019

Moyer, Dana Renee
Mascoutah, IL
Registered Nurse 2004033017
On or about September 20, 2017, the hospital received an anonymous complaint reporting that Respondent had taken pictures of a patient through the window of the operating room and sent the pictures to a friend. When questioned by hospital administrators, Respondent admitted that she had taken the pictures and sent them to her boyfriend via text message approximately two (2) years prior, in September 2015. The pictures in question included Respondent, the surrounding operating room staff, and the patient's genitals, which Respondent commented on in the text message to her boyfriend.
Revoked 01/08/2019

Walker, Krystle Rose
Frontenac, KS
Registered Nurse 2008019014
From January 5, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. On June 19, 2018; August 8, 2018; August 22, 2018; September 12, 2018; and September 27, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on July 6, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 13.9 for the July 6, 2018, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On April 18, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 19, 2018. Pursuant to the terms of the Order, Respondent was required to submit a chemical dependency evaluation to the Board

REVOCATIONS continued on page 16

Disciplinary Actions**

REVOCATIONS continued from page 15

within eight (8) weeks of the effective date of the Order and, if further treatment was recommended, to submit evidence of continued treatment. The Board received a chemical dependency evaluation on February 13, 2018, which recommended Respondent follow up with the evaluator in one (1) week and attend a minimum of four to six follow-up sessions. The Board did not receive proof of Respondent's follow-up sessions with the evaluator. In accordance with the terms of the Order, Respondent was required to submit an application to renew her license, along with the required fees and criminal background check within thirty (30) working days of the date of the Order. The Board did not receive an application to renew Respondent's license, the required fees, nor a criminal background check.
Revoked 12/10/2018

Long, Tracy Jean
Hollister, MO
Licensed Practical Nurse 2016005283
On November 30, 2016, Respondent pled guilty of the class 4 felony of Unlawful Acquisition of a Controlled Substance, Alprazolam, in violation of 720 Illinois Compiled Statutes, 570, section 406 (b) (3), in the Circuit Court of Woodford County, Illinois. Respondent was sentenced to 24 months of supervised probation, and ordered not to work in any position that gives Respondent access to controlled substances. On March 9, 2018, the Illinois State Division of Professional Regulation issued an Order of Refusal to Renew denying the renewal of Respondent's Illinois nursing license, based on Respondent's guilty plea.
Revoked 12/10/2018

Shaw, Nicole J
O Fallon, MO
Licensed Practical Nurse 2004011215
Respondent never completed the contract process with NTS. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment on a quarterly basis. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 5, 2018. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement, which was July 31, 2018. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 19, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting.
Revoked 12/10/2018

Lindman, Daniel Joseph
Poplar Bluff, MO
Licensed Practical Nurse 2011029598
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 5, 2018. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 5, 2018, by telephone. Respondent did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Agreement, Respondent was required to obtain specific continuing education hours, and have the certificates of completion for all hours submitted to the Board by September 3, 2018. As of the filing of the Complaint, the Board had not received proof of any completed hours.
Revoked 12/10/2018

Moore, Melanie Elaine
Kansas City, MO
Licensed Practical Nurse 2004009598
On December 22, 2015, several staff members witnessed Respondent being disruptive at the facility by acting very bizarre and saying strange things. Respondent was very fidgety, could not sit still and was continually making rapid movements with her right hand and clenching her fist, opening her mouth as far as she could then closing it and making exaggerated facial expressions. Then Respondent rambled on about two libraries in Independence and said there was an electric door that opened and "this is where you find information about books." After giving report, Respondent wheeled a bed into the common area and was making it up for anyone who wanted to lay on it. Respondent was observed dancing like a ballerina down the hallways of the nursing home. In addition, a family member questioned Respondent about a sedative medication that a family member may have received, and Respondent replied that she did not understand her language, which was English. Respondent then explained she only gives people meds when they request them. Respondent was removed from patient care at that time. It was then discovered that Respondent had not passed meds yet at approximately 2145. Further, Respondent turned all the resident's thermostats down to 60 degrees and opened the door to outside and yelling about how hot it was in the facility. On December 23, 2015, Respondent was questioned about the events that took place the prior day and was asked to submit to a drug screen off premises, and Respondent refused the drug screen. Respondent then stated, "I don't want to work here anymore." When asked if she was resigning, she did not give a clear answer, but instead started pointing her finger and raising her voice and accusing another employee of being disrespectful for no apparent reason. In addition, Respondent kept going off topic, talking about robots, how she liked Cathy on the night shift, and stated she knew people were talking about her on their cell phones because it uploaded to the computer and she read it and Homeland Security was going to come.
Revoked 12/10/2018

Aamold, Mary Frances
Kansas City, MO
Registered Nurse 074764
From May 16, 2016, until the filing of the complaint, Respondent failed to check in with NTS on eighty-eight days. On May 16, 2018 Respondent completely ceased checking in with NTS. Respondent failed to report to a collection site to provide a sample for testing on January 15, 2018, April 27, 2018, May 14, 2018, June 1, 2018, June 11, 2018, and June 25, 2018. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of October 11, 2017.
Revoked 12/06/2018

SUSPENSION

Wilson, Allison Shea
Ballwin, MO
Registered Nurse 2013001674
On or about October 2, 2015, co-workers of Respondent noticed Respondent exhibiting impaired behavior including slurring her words, grogginess, and leaving without charting on patients. Co-workers also witnessed Respondent not following hospital policy while wasting narcotics. Respondent was removing narcotics and not documenting the administration or waste of those narcotics. On October 5, 2015, Respondent met with hospital administrators, and in that meeting, Respondent admitted to diverting narcotic medication for her personal use. Respondent admitted to the Board's investigator that she had diverted Percocet, Fentanyl, Dilaudid, and Morphine from July 2015, until September 28, 2015, for her own personal use.
Suspension 01/22/2019 to 04/22/2019

VOLUNTARY SURRENDER

Phillips, Janet Leigh
Stover, MO
Licensed Practical Nurse 2010004929
On or about April 6, 2018, Licensee pled guilty to the class E felony of Bribery of a Public Servant, in violation of õ576.010 RSMo.
Voluntary Surrender 12/06/2018

Baechle, Steven J
Farmington, MO
Registered Nurse 091431
Count I
On or about July 6, 2017, a patient on the Unit was exhibiting violent behavior when a "Dr. Ryan Code" was called. Unit staff, including Licensee, reported to the area and attempted to restrain the patient. It was reported that, during the commotion, Licensee used an inappropriate restraint technique on the patient. Licensee had been counseled previously for using a non-therapeutic, non-CPI approved approach during a "Dr. Ryan Code" for a violent patient. Licensee was terminated from the hospital on July 13, 2017, due to using a non-therapeutic, non-CPI approved technique during a code. Licensee failed to cooperate with the Board's investigation.
Count II
On or about December 2, 2017, a plastic bag was found in a facility conference room. The plastic bag contained tobacco products, cell phones, and a Fentanyl patch, which are all considered contraband at the facility. Video surveillance showed Licensee bringing the plastic bag into the facility, and when questioned, Licensee admitted as much. A review was done of Licensee's medication administration and documentation from approximately November 1, 2017, to December 1, 2017, which showed multiple instances of Licensee failing to administer and document medications in approximately 11 instances for seven (7) patients. Licensee resigned in lieu of termination on or about December 3, 2017. Licensee failed to cooperate with the Board's investigation.
Voluntary Surrender 02/19/2019

Powell, Leigh A
Coffey, MO
Licensed Practical Nurse 041008
Licensee requested a Voluntary Surrender
Voluntary Surrender 02/19/2019

Douglas, Christopher John
Kansas City, MO
Registered Nurse 2014042616
On February 1, 2018, Licensee was working the day shift. Co-workers reported that Licensee was exhibiting behaviors that made co-workers suspect he was impaired, including being argumentative with others, talking non-stop, not making sense, difficulty concentrating, shaking, tearing, bloodshot and glassy eyes, and displaying dramatic changes in behavior. Licensee submitted to a for-cause drug screen. The drug screen was positive for marijuana.
Voluntary Surrender 02/15/2019

Brown, Ella B
Saint Louis, MO
Registered Nurse 2015044357
The patient's mother informed Licensee's supervisor that she had previously found a prescription wrapper for Suboxone in the patient's room. Licensee was called in to attend a meeting with her supervisor to discuss the Suboxone wrapper. Licensee admitted to her supervisor that the Suboxone medication was hers and that she was a recovering addict. Licensee was asked to submit a sample for a drug screen. Licensee refused to submit to a drug screen and resigned on November 11, 2016 from her employer. Before she left her employer, Licensee admitted to her supervisor that she had slipped and used Heroin four or five days before the drug screen request.
Voluntary Surrender 02/05/2019

Nursys QuickConfirm Authorization to Practice Map

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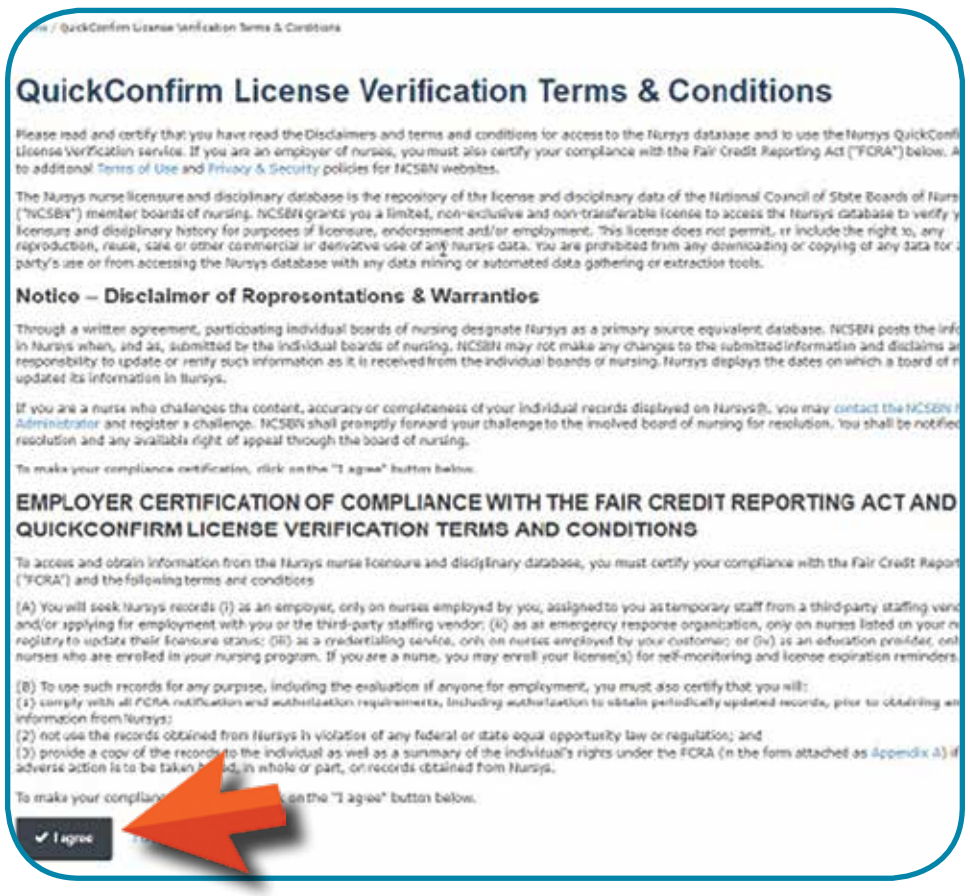
Are you a nurse or nurse employer with questions about whether a nurse holds a multistate license, and in which states the nurse may practice? NCSBN's new interactive Nursys Authorization to Practice map is a valuable, free tool to help you answer these questions.

1. Visit Nursys.com and click Nursys QuickConfirm

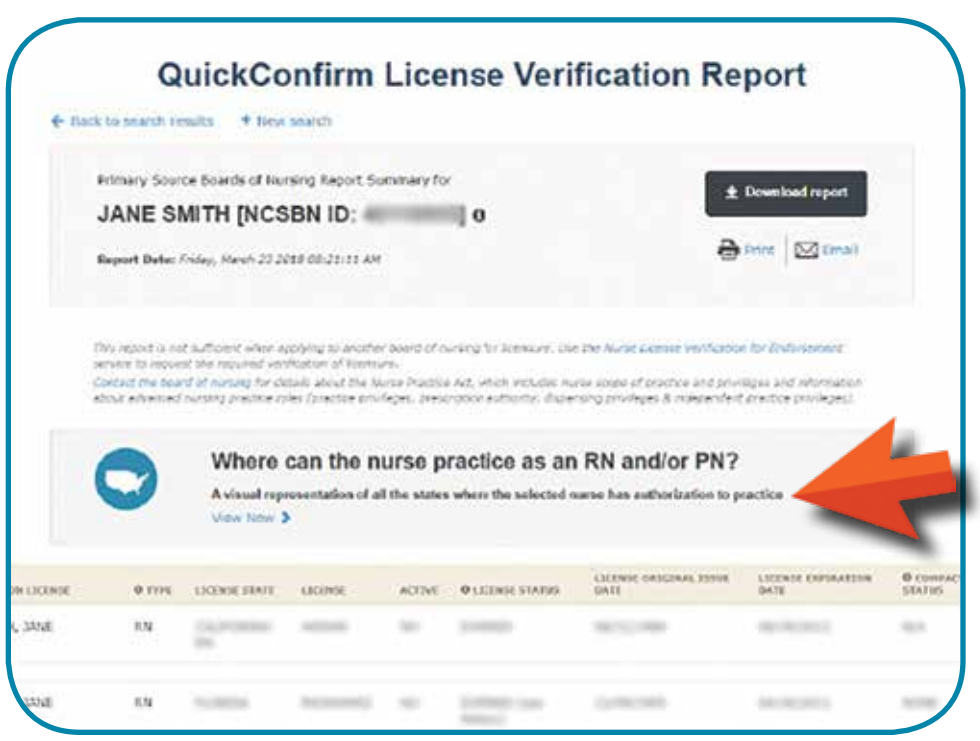
2. Review the Terms & Conditions page and click "I agree."



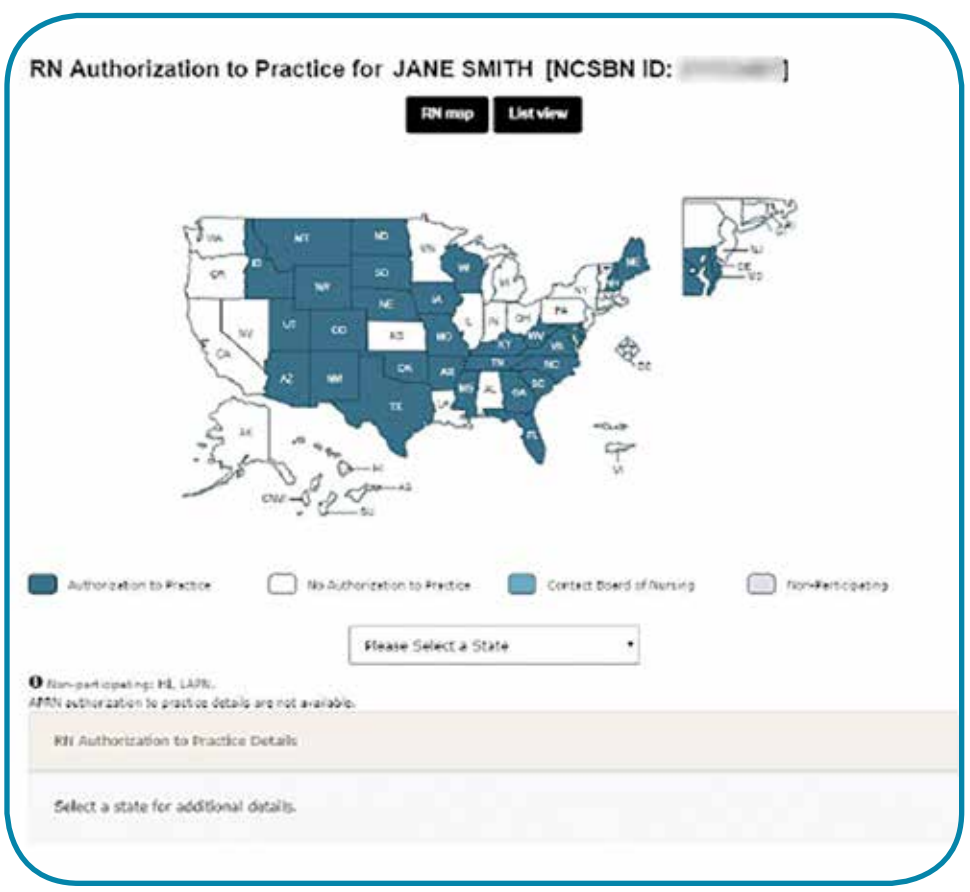
3. Enter the nurse's Name, License Number or NCSBN ID and click "Search."

4. Find the nurse and click "View Report."

5. On the License Verification Report page, click "Where can the nurse practice as an RN and/or PN?"



6. View the results.



Next Generation NCLEX NEWS

The Clinical Judgment Model and Task Model

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The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations.

The nursing clinical judgment research conducted by NCSBN resulted in the creation of the clinical judgment model (CJM). The CJM was designed to explore new ways of testing clinical judgment in the nursing profession as part of the licensure examination. Subsequently, a task model to incorporate specific concepts of the CJM was required in order to close the gap between what is measured on the exam and what is taught in clinical nursing education.

To have a better understanding of the task model, it is important to know how the CJM relates to the nursing profession. Layers 3 and 4 of the CJM delineate the cognitive process of how a nurse makes decisions for layer 2. Based on the client's response from layer 2, either satisfactory or unsatisfactory, the nurse can move through the entire cognitive processes of layers 3 and 4 again. The entirety of nursing clinical judgment in layer 1 subsequently impacts the clinical decision for the client's needs at layer 0.

Layer 3 of the CJM is essential when considering testing and education of how entry-level nurses develop clinical judgment over time. The six steps of layer 3 comprise a repetitious process that improves over time with continued nursing experience and clinical exposure. In the beginning of a nurse's career, this is more systematic and deliberate. However, as a nurse gains clinical experience, the steps occur more promptly and become second nature.

The addition of the individual and environmental factors in layer 4 creates a realistic client scenario. Together, layers 3 and 4 of the CJM help determine expected behaviors of a clinical situation or case scenario. These expected behaviors determine if a nurse is able to make an appropriate clinical decision.

One specific feature of this conceptual CJM is that, in addition to the psychometric and testing framework concerned with creating item consistency, layers 3 and 4 can be constructed in a format to be used as an education tool in nursing called a task model. A pediatric example using the task model is shown in figure 2 (Dickison, Haerling & Lasater, 2019).

Figure 1: The NCSBN Clinical Judgment Model

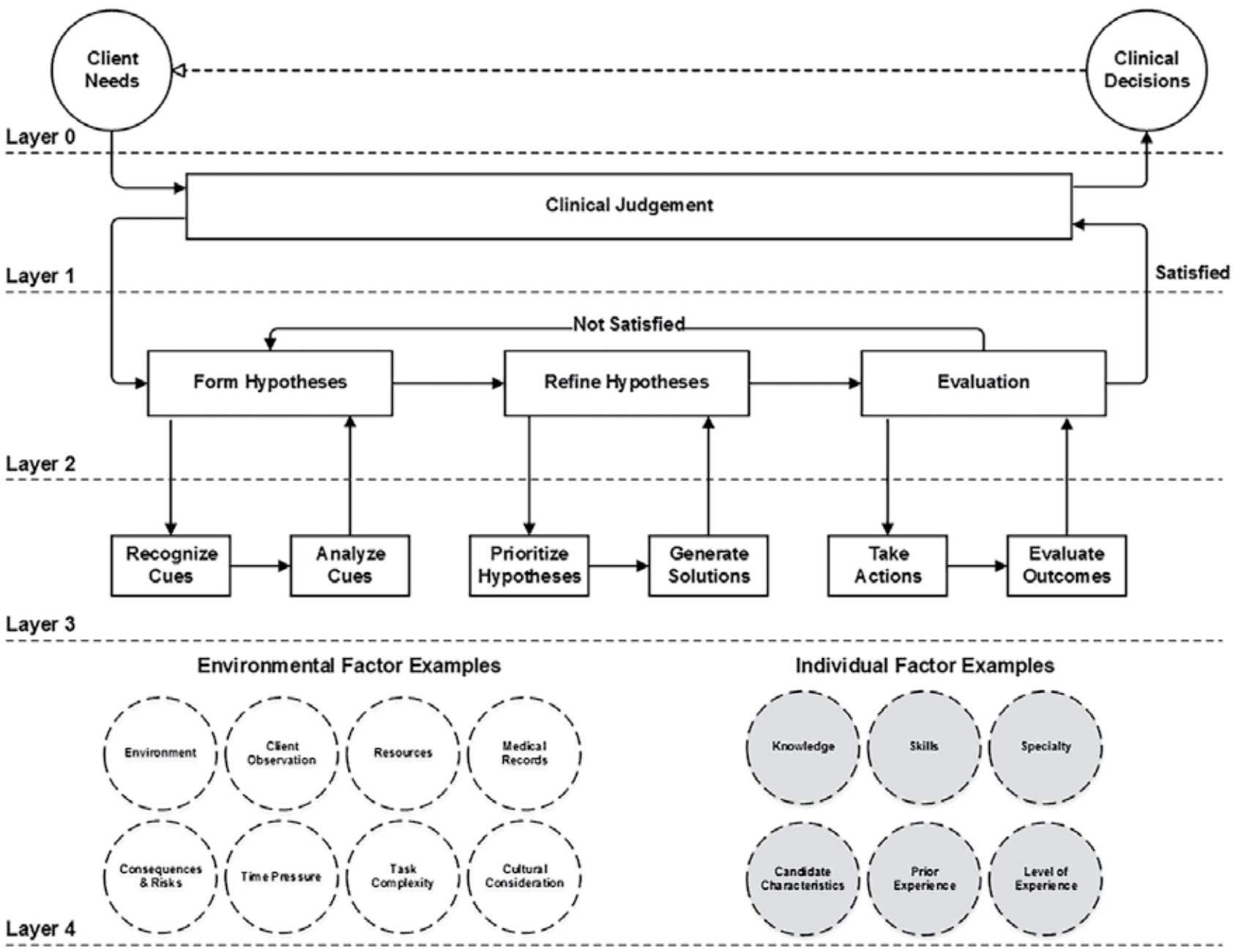

Figure 2: Hypothetical Task Model in the Pediatric Setting

Cognitive Operations (NCSBN-CJM Layer 3)	Factor Conditioning (NCSBN-CJM Layer 4)	Expected Behaviors/Actions
Recognize Cues	**Environmental cues:** • Location: Emergency Department • Parent present **Client observation cues:** • Present age: 8-10 years • Present: signs/symptoms of dehydration: dry mucous membranes, cool extremities, capillary refill 3-4 seconds • Present/imply: lethargy **Medical record cues:** • Present/imply: Hx of diabetes • Present/imply: Vital signs **Time pressure cues:** • Set time pressure to vary with onset/acuity of symptoms	• Recognize signs/symptoms of dehydration • Identify history of diabetes • Recognize abnormal vital signs • Hypothesize dehydration • Hypothesize diabetes
Analyze Cues	• Requires knowledge of pediatric development • Requires knowledge of dehydration symptoms • Requires knowledge of diabetes symptoms	• Describe relationship between level of blood sugar and dehydration • Use evidence to determine client issues
Prioritize Hypotheses	• Give vital sign monitors as resources	

The task model is a useful tool to define the parts of the CJM and expected behaviors the nursing student needs to know and perform. It allows educators to determine which areas of the clinical decision-making process a nursing student has a solid foundation of understanding as well as areas that need improvement.

In the example above (see Figure 2) the cognitive operations are each step of layer 3 in the CJM. The factor conditioning uses the environmental and individual contextual factors of layer 4 to determine what else is needed for the clinical scenario. For the educator to determine the important expected behaviors from this pediatric clinical scenario, the task model can be used as a tool to help their nursing students learn and develop clinical judgment skills more effectively before becoming licensed to practice.

In addition, it can serve as a reference for educators to create their own test items. The task model's consistent structure helps to measure individual steps of clinical judgment and still create a realistic, complex clinical scenario. It is constructed to be able to represent any relevant clinical scenario that an entry-level nurse may encounter. The benefit of the task model is that it blends clinical skills with textbook knowledge in a way that can be succinct, measurable and easily reproduced.

References

Dickison, P., Haerling, K. & Lasater, K. (2019). Integrating the National Council State Boards of Nursing-Clinical Judgment Model (NCSBN-CJM) into Nursing Educational Frameworks. Journal of Nursing Education 58(2), 72-8.

Dickison, P., Luo, X., Kim, D., et al. (2016). Assessing higher-order cognitive constructs by using an information-processing framework. 17(1), p. 1-19.

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☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.
In accordance with the Nurse Licensure Compact **"Primary State of Residence"** is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
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- Military Form no. 2058 – state of legal residence certificate
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Proof of any of the above may be requested.

⇒ If your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

⇒ If your primary state of residence is a compact state other than Missouri and you have a current multi-state license in that state, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

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